

# THE PREPAREDNESS POST

UTAH DEPARTMENT OF HEALTH

## *Do you Know your Zika Risk?* *Reprinted from the CDC Emergency Partners Newsletter*

Where you live, your travel history, and the travel history of your sex partner(s) can affect your chances of getting Zika. The "Know Your Zika Risk" tool on the CDC website can help you learn more about Zika, why you might be at risk of getting it, and how to protect yourself and others.

Many people infected with Zika won't have symptoms or will only have mild symptoms. However, a pregnant woman, even one without symptoms, can pass Zika to her developing fetus. Zika infection during pregnancy can cause serious birth defects. Zika

virus primarily spreads when a mosquito infected with Zika bites you. Zika also can spread through sex with a man or woman who has Zika. Sex includes vaginal, anal, or oral sex, and the sharing of sex toys. Zika can pass through sex even if the person does not have symptoms at the time.

After answering a few questions, the tool will provide guidance on your risk level of getting Zika. The guidance focuses on Zika risks and travel to international destinations and US territories. This tool may help you determine the risk of Zika for each person in your household and assist you in making informed decisions about your health.

This tool should not be used for self-diagnosis. CDC recommends that you seek the advice of a medical professional if you are concerned that you are ill.

[Click here](#) and use the tool.

### What we know

Zika virus can be passed from a pregnant woman to her fetus.

Infection during pregnancy can cause certain birth defects

Zika primarily spreads through infected mosquitoes. You can also get

Zika through sex.

There is no vaccine to prevent or medicine to treat Zika.

### What we do not know

If there's a safe time during your pregnancy to travel to an area with Zika.

How likely it is that Zika infection will affect your pregnancy.

If your baby will have birth defects if you are infected while pregnant.



### BASICS OF ZIKA VIRUS AND SEX



### How Zika is spread through sex

- Zika can be passed through sex from a person who has Zika to his or her sex partners. Sex includes vaginal, anal, and oral sex and the sharing of sex toys.
- Zika can be passed through sex, even if the infected person does not have symptoms at the time. It can be passed from a person with Zika before their symptoms start, while they have symptoms, and after their symptoms end and may also be passed by a person who never develops symptoms.
- Zika can remain in semen longer than in other body fluids, including vaginal fluids, urine, and blood.



### Studies are underway to find out

- How long Zika stays in the semen and vaginal fluids of people who have Zika.
- How long Zika can be passed to sex partners.
- If Zika passed to a pregnant woman during sex has a different risk for birth defects than Zika transmitted by a mosquito bite.



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## 2017 Measles Investigation in Utah

By Becky Ward and Jeff Eason

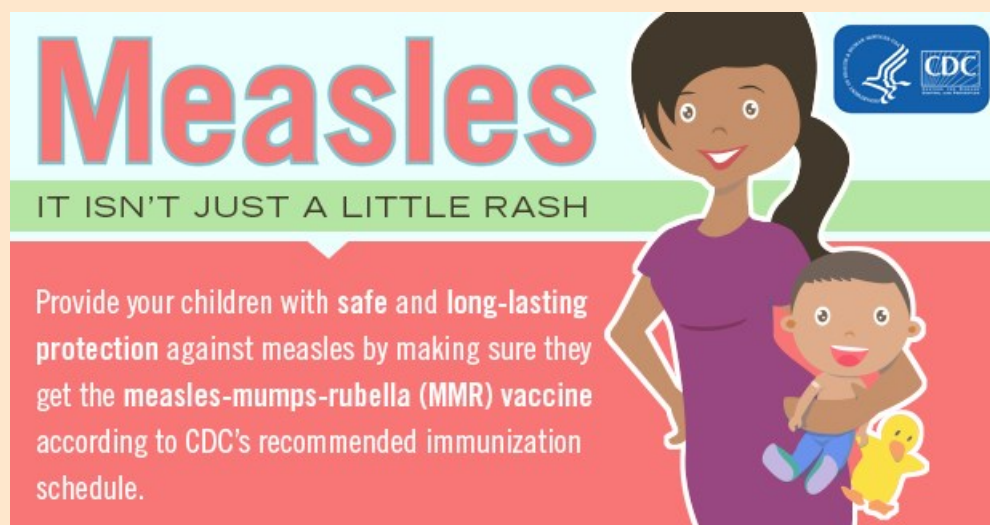
Before licensure of a measles vaccine in 1963, approximately 500,000 measles cases were reported in the United States and 450-500 deaths occurred each year. Since introduction of the measles vaccine, the incidence of measles has declined significantly, and many U.S. healthcare providers have never seen a patient with measles. In 2000, endemic measles was declared eliminated in the United States. However, measles outbreaks continue to occur. The majority of U.S. measles cases are imported from other countries primarily due to unvaccinated U.S. residents traveling to other countries where measles continues to be endemic.

During late January 2017, Utah initiated a measles investigation associated with a vaccinated Utah resident who traveled to a country where a large measles outbreak had previously been reported.

To date, the ongoing Utah investigation has resulted in two confirmed measles cases; both were younger than 18 years old. The index case\* was vaccinated with one dose of the measles, mumps, rubella (MMR) vaccine. The index case potentially exposed individuals at private and public venues, including various healthcare settings. The second confirmed case was exposed to measles by the index case in a private event. There have been no measles cases identified in individuals exposed at public venues. Public health identified more than 400 contacts who were exposed to measles. Although many of these contacts had documentation of measles immunity\*\* and were not at risk, more than 70 people were asked to participate in quarantine for 21-28 days to monitor for symptoms of the disease. Many contacts without evidence of immunity were given MMR vaccine or immunoglobulin, a protein the body uses to make antibodies that fight infection.

Measles is a highly contagious, acute viral illness that spreads quickly in unvaccinated populations. Vaccination is an important line of defense for two reasons. First, vaccination directly protects the person being vaccinated. Second, having a high percentage of the population vaccinated protects others, including those who cannot be vaccinated because of severe allergies to vaccine ingredients, those who have certain medical conditions that preclude vaccination, and those who are too young to begin vaccination.

Utah school law requires that students entering a public, private, charter, or parochial school be fully vaccinated or claim a medical, religious, or personal exemption. Approximately 92-94% of people in a population need to be fully vaccinated (two doses of MMR vaccine) against measles to provide “herd immunity” (protection provided by an immunized population for those who aren’t vaccinated). During the Utah 2015-2016 school year, 96% of Utah students in kindergarten through grade 12 were fully vaccinated against measles.



## 2017 Measles Investigation in Utah (continued)

While overall measles vaccination coverage at school entry in Utah is high, other factors contribute to disease risk and transmission in a community, including immunization exemptions. Utah is one of 20 states that allow immunization exemptions for non-medical reasons, e.g., religious or personal beliefs. The percentage of Utah exemptions for school entry has increased from 1.2% in 1997 to 4.6% in 2016. Although this percentage seems small, over several years, the number of unimmunized children accumulates and at some point, the overall vaccine coverage required for herd immunity will no longer be present. Additionally, Utah has the youngest median age, largest family sizes, and the highest birthrate in the nation. These factors, combined with an increasing exemption rate, create a critical risk in the community for outbreaks of vaccine-preventable diseases like measles.

This outbreak underscores the importance of maintaining high vaccination rates, even for diseases that are rarely seen in the United States. Many of these diseases still occur in other parts of the world. Even if your family does not travel internationally, it is possible to come into contact with international travelers anywhere in your community. And, when unvaccinated individuals become infected and an outbreak results, personal and public healthcare costs can be significant. Employees and students who have not been vaccinated, or have contracted a disease, will be excluded from work or school during an outbreak. This means sick children miss school, and parents may lose time from work and incur additional financial costs associated with medical care, hospitalization, and childcare. Vaccination remains the best defense we have against vaccine-preventable diseases.

*\*The first case or instance of a patient coming to the attention of health authorities.*

*\*\*Evidence of measles immunity is defined as documented receipt of two doses of live measles virus-containing vaccine, laboratory evidence of measles immunity, documentation of physician-diagnosed measles, or birth before 1957.*

I THINK WE MAY NEED TO  
UPDATE OUR DISASTER RECOVERY PLAN.  
THIS ONE SUGGESTS WE ALL RUN  
AROUND IN CIRCLES SHOUTING  
'WHAT DO WE DO?!!' 'WHAT DO WE DO?!!'



UTAH DEPARTMENT OF  
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Bureau of Emergency Medical Services and Preparedness



## An Unusual Preparedness Ambassador

Reprinted from National Public Health Information Coalition

He's been called "Fred's driver." He's been called "that guy." Michael McNulty, emergency operations director for the Kansas Department of Health and Environment (KDHE), says that's OK because Fred the Preparedness Dog is the one spreading the message of safety and resilience.

After Fred, McNulty's German Shepherd, took shelter in the bathtub on a stormy day in 2013, his owner gave him a backpack with emergency supplies and promoted a picture on social media. "Having worked in emergency preparedness for ten years, I saw something more in that picture: Fred was doing a good job at being prepared," says McNulty. "The bathtub is where my family shelters when there are weather warnings in our area."

So Fred, with some help from McNulty, started spreading the message on preparedness. Fred became so popular that he and McNulty now spend much of their time visiting schools, fairs, and other events to teach kids about preparedness and encourage them to take the message home. "They'll go to their parents and say, 'There was a dog at school today, and he had all this stuff. Why don't we have stuff?'" McNulty says.

Fred made his first appearance in April 2013 at a preparedness event at the Topeka Collegiate School in Topeka, Kansas. As the official mascot for the Kansas Department of Health and Environment Preparedness Program, Fred's work is aimed at getting both people and their pets prepared for severe weather and other types of emergencies. With additional funding from the CDC and resources such as coloring books, stickers, and a smartphone app, McNulty and the KDHE have been able to spread Fred's message of preparedness planning across the state.

"Together, Fred and I travel to schools and events across Kansas, teaching kids how to keep themselves and their families safe," says McNulty. "When we go to schools, kids help unpack the kit and see what's inside. As they take out the items, we talk about each one: the flashlight, the maps, the contact numbers, the hand wipes, the first-aid kit, etc. We also talk about making sure family pets are accounted for in an emergency plan."

As Fred's owner, McNulty hopes that Fred can help demonstrate what goes into a severe weather preparedness kit for students and educate them on how to prepare for severe weather events. Thanks to the viral nature of social media, Fred's work has turned into a state-wide preparedness campaign for all children between the ages of 6 and 12.

Fred the Preparedness Dog is just one way health departments are making emergency preparedness more accessible and fostering a culture in which people of all ages are mindful of their health and resilience. Such efforts to keep all people – and their furry friends -- safe before, during, and after a disaster are the cornerstone of national health security.

Even if you can't meet Fred in person, you can check out the lessons on emergency preparedness that he is teaching to students and families. To learn more about Fred and the way that he gets students excited about emergency preparedness, check out his website at [www.fredthepreparednessdog.org](http://www.fredthepreparednessdog.org) or follow him on Facebook and Twitter.



# BeReadyUtah.gov

- ✓ Make a Plan
- ✓ Get a Kit
- ✓ Be Informed
- ✓ Get Involved



## HPP/PHEP New Project Period/Updated Goals

By Kevin McCulley

Beginning July 1, 2017, the Utah Department of Health (UDOH) enters into a new five-year project period for the Public Health Emergency Preparedness and Hospital Preparedness Program (PHEP/HPP) Cooperative Agreement. This 2017-2022 project period gives the preparedness team and its many partners an opportunity to sustain established response capacity and initiate new projects to improve community resilience.

To better guide work, the federal government reorganized the PHEP/HPP cooperative agreement into strategic domains. These domains include:

**Community Resiliency** - Develop, maintain, and improve collaborative relationships among government, community organizations, and individual households enabling them to more effectively respond to and recover from disasters and emergencies.

**Incident Management** - Ensure all stakeholders leverage the National Incident Management System and incident command structures to strengthen emergency operations management throughout all phases of an incident.

**Information Management** - Coordinate sharing situational awareness among response partners, sharing emergency information and warnings across disciplines and jurisdictions, and conducting external communications with the public based on established models of excellence.

**Countermeasures and Mitigation** - Conduct work with local and regional partners to manage access to and administration of pharmaceutical and non-pharmaceutical interventions.

**Medical Surge** - (A primary focus area of the Healthcare Preparedness Program.) Plan and prepare to respond to an unusually large number of patients (mass casualty event) or a small number of patients with complex or unusual needs (novel pathogen event).

**Biosurveillance** - Achieve early warning of health threats, early detection of health events, and overall situational awareness of disease activity by actively gathering data with appropriate analysis and interpretation.

The UDOH preparedness and response effort only works as a result of many established partnerships that have been established and sustained. State government preparedness partners include: Bureau of Epidemiology, Utah Public Health Laboratory, Healthcare Associated Infections Program, Immunization Program, Office of Public Information and Marketing, Bureau of Emergency Medical Services and Preparedness, EMS for Children, Department of Technology Services, Office of Medical Examiner, Division of Substance Abuse and Mental Health, Citizen Corps Programs, Utah Division of Emergency Management, and others. Local and regional partners include Utah's 13 local health departments, Utah's 7 Regional Healthcare Coalitions, Medical Reserve Corps, hospitals and other medical delivery sites, local fire departments, local EMS agencies, local emergency management, and Utah's FQHC, long-term care, Utah Hospital Association, Utah Healthcare Association, Association for Utah Health Care and Utah Association for Home Care.

### The Utah Department of Health will host a Public Health Preparedness Planning Summit May 3, 2017 at the Homestead Resort in Midway, Utah.

The primary audience is local and state health department leadership and preparedness staff - including healthcare coalition coordinators, and tribal health preparedness staff.

Objectives include:

- Understand the new PHEP and HPP Cooperative Agreement.
- Ensure coordination between local and state partners on grant requirements.
- Understand the transition from planning and preparedness activities to emergency response.
- Educate local and state health department staff on best practices in public health emergency response.

**Register on UTRAIN: #1068350**

## Calendar

## 2017 Training

Date	Event	Location	Information
<b>April 6</b> 8:30 a.m. to noon	TTX Utah/Colorado Ebola Patient Movement	Utah - Held at UDOH (DOC) 288 N. 1460 W. Salt Lake City, UT	<b>FREE</b> <b>Contact:</b> Kevin McCulley kmcculley@utah.gov
<b>April 11-12</b>	Introduction to Computer Aided Management of Emergency Operations (CAMEO) PER 229	South Davis Metro Fire Station 81 255 South 100 West, Bountiful, UT	<b>FREE</b> Ryan Putman Deputy State Fire Marshal Hazardous Materials Trainer III rputman@utah.gov (801) 440-7696 UTRAIN: #1068820
<b>April 25-26</b>	Community Healthcare Planning (MGT-409)	Intermountain Center for Disaster Preparedness (ICDP)  325 8th Ave and C Street 3rd Floor North	<b>FREE</b> Barb Clark Training Manager barb.clark@imail.org 801-408-7061 UTRAIN: #1069307
<b>May 1-2</b>	Disaster Preparedness in Hospitals & Healthcare	Tremonton, UT	UTRAIN: #1068711
<b>May 3</b>	Public Health Preparedness Planning Summit	Homestead, UT	UTRAIN: # 1068350
<b>May 8-10</b>	Hospital Emergency Response Training for Mass Casualty Incidents HERT / PER-902	Intermountain Center for Disaster Preparedness (ICDP)  325 8th Ave and C Street 3rd Floor North	<b>FREE</b> Barb Clark Training Manager barb.clark@imail.org 801-408-7061 UTRAIN: #1059929
<b>May 11</b>	Crossroads of Change	SST Coalition Summit Viridian Center 8030 S. 1825 W. West Jordan, UT	Terry Begay Medical Surge Director tbegay@slco.org  801-468-4138 UTRAIN: #1069457



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**Calendar****2016 Training**

Date	Event	Location	Information
<b>May 16-17</b>	Public Safety Governor's Summit Division of Emergency Management and Public Safety	Davis Convention Center 1651 N. 700 W. Layton, Utah 84041	<b>\$275</b> Judy Watanabe - judywatanabe@utah.gov Patrice Thomas-ptomas@utah.gov Link to Register: <a href="http://www.publicsafety.utah.gov">www.publicsafety.utah.gov</a>
<b>May 31</b> <b>11 a.m. to 1 p.m.</b>	Lunch & Learn Series First Responder Behavior Health - Stop the Suicide	Intermountain Center for Disaster Preparedness (ICDP) 3rd Floor North 325 8th Avenue C street Salt Lake City, UT	<b>FREE</b> Barb Clark Training Manager barb.clark@imail.org 801-408-7061 UTRAIN: #1069717
<b>June 14-15</b>	Tribal MCM/POD Workshop UDOH and MWPERLC	<b>TBD</b>	<b>FREE</b> Christine Warren, UDOH - christinewarren@utah.gov Russ Pierson, UDOH - russellpierson@utah.gov
<b>June 27</b> <b>8:00 a.m. to 5 p.m.</b>	Radiological Training for Hospitals	Intermountain Center for Disaster Preparedness (ICDP) 3rd Floor North 325 8th Avenue C street Salt Lake City, UT	<b>FREE</b> Barb Clark Training Manager barb.clark@imail.org 801-408-7061 UTRAIN: #1069767

Division of Emergency Management Training Calendar

Website: <http://dem.utah.gov/training-and-exercise/training/>*Newsletter produced by Charla Haley*

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